



DEPARTMENT OF INSURANCE  
STATE OF ARIZONA

Financial Affairs Division - Compliance Section  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, Arizona 85018-7269  
Phone: (602) 364-3998  
Fax: (602) 364-3989

ANNUAL STATEMENT WORKSHEET FOR  
DOMESTIC INSURERS AND REINSURERS

(Not applicable to Insurers filing a Health Annual Statement)

ENTER THE CALENDAR YEAR FOR THIS ANNUAL STATEMENT WORKSHEET: \_\_\_\_\_

NAIC#: \_\_\_\_\_ COMPANY: \_\_\_\_\_ DOMICILE: \_\_\_\_\_ AZ

CHECK ONE TYPE:	COMPANY TYPE	DUE DATE
<input type="checkbox"/>	Life / Disability Insurer*	March 31
<input type="checkbox"/>	Life and Disability Reinsurer	March 31
<input type="checkbox"/>	Mechanical Reimbursement Reinsurer	April 1
<input type="checkbox"/>	Mortgage Guaranty Insurer (Only)	March 31
<input type="checkbox"/>	Property / Casualty Insurer*	March 31
<input type="checkbox"/>	Title Insurer	March 31

\*NOTE: Insurers Filing the Health Annual Statement must use Form E-INSTRUCTION.HEALTH

SECTION I: REQUIREMENTS APPLICABLE TO ALL COMPANY TYPES LISTED ABOVE. INITIAL AT LEFT OF EACH ITEM COMPLETED AND ENCLOSED

Initial if Enclosed ↓ ↓ ↓	Initial at Left if Items are completed and enclosed with Annual Statement	AGENCY Use Only ↓ ↓ ↓
_____	A. Annual Statement – 8-1/2" X 14" (Proper color jacket, securely Bound in two-sided book form).....	_____
_____	<b>MUST INCLUDE THE FOLLOWING TO BE COMPLETE:</b>	
_____	1. Jurat Page .....	_____
_____	a. TWO Executive Officer <b>Original</b> Signatures (Names <b>Must</b> be listed on Jurat Page)	_____
_____	b. Notary signature and stamp or seal .....	_____
_____	2. Actuarial Opinion (NOTE: If Premiums and Reserves = Zero, <b>MUST</b> enter N/A in box _____ See Section II instructions if an exemption has been granted.	_____
_____	3. <b>Arizona</b> State Page <b>and</b> State Page for <b>each</b> jurisdiction where Insurer has transacted business <b>Not Applicable to Reinsurer types listed above or Title Insurer</b> .....	_____
_____	B. Form E-178 Certificate of Disclosure - <b>Not Applicable to Mechanical Reimbursement Reinsurer</b> .....	_____
_____	<b>MUST INCLUDE THE FOLLOWING TO BE COMPLETE:</b>	
_____	1. Part A must be answered yes or no (If yes, must have attachment) .....	_____
_____	2. Part B must be answered yes or no (If yes, must have attachment) .....	_____
_____	3. <b>Title Insurer Only:</b> Part D must be answered yes or no .....	_____
_____	4. TWO Executive Officer Original Signatures (Signers Names <b>Must</b> be listed on Jurat Page) .....	_____
_____	a. Notary signature and stamp or seal .....	_____
_____	C. Management Discussion & Analysis <b>with</b> completed Transmittal Form E-MDA (due April 1) .....	_____
_____	D. <b>DUPLICATE FILINGS – Not applicable to Life/Disability REINSURER or Mechanical Reimbursement Reinsurer</b>	
_____	An <u>exact copy</u> of each original document listed below: .....	_____
_____	1. Annual Statement <u>stamped "COPY"</u> on the front cover <u>with</u> .....	_____
_____	a) Actuarial Opinion, <u>stamped "copy"</u> .....	_____
_____	b) All State pages, <u>as described in A.3 above</u> .....	_____
_____	2. Management Discussion and Analysis Report <b>with</b> Transmittal Form E-MDA, <u>stamped "copy"</u> .....	_____
_____	3. Form E-WORKSHEET.DOMESTIC, <u>stamped "copy"</u> .....	_____

CONTINUED ON PAGE 2

**ARIZONA DEPARTMENT OF INSURANCE**  
**ANNUAL STATEMENT WORKSHEET FOR DOMESTIC INSURERS AND REINSURERS**  
**(Not applicable to Insurers filing a Health Annual Statement)**

NAIC#: \_\_\_\_\_ COMPANY: \_\_\_\_\_ DOMICILE:   AZ  

(SECTION I continued)

- \_\_\_\_\_ E. IF AVAILABLE, Audited Financial Report **with** completed Transmittal Form E-AFR (due June 1).....
- \_\_\_\_\_ F. Annual Insurance Holding Company System Registration Statement Forms B and C (due March 31)....
- MAIL UNDER SEPARATE COVER TO ATTENTION: COMPLIANCE SECTION**

**SECTION II: ADDITIONAL REQUIREMENTS APPLICABLE TO SPECIFIED COMPANY TYPE. INITIAL AT LEFT OF EACH ITEM COMPLETED AND ENCLOSED**

Initial if Enclosed ↓ ↓ ↓	Initial at Left if Items are completed and enclosed with Annual Statement	AGENCY Use Only ↓ ↓ ↓
<b>LIFE / DISABILITY INSURER, LIFE / DISABILITY REINSURER,</b>		
_____	G. Life Risk Based Capital Report (Hard Copy Only – DO NOT FILE DISKETTE) .....	_____
<b>MECHANICAL REIMBURSEMENT REINSURER</b>		
_____	G. IF APPLICABLE: Actuarial Opinion Affidavit of Exemption <u>and</u> copy of the Arizona Insurance Department's Approval letter .....	_____
_____	H. Form E-MRR.104 Application for Certificate of Authority Renewal .....	_____
_____	I. Form E-MRR.PLR Annual Report of Policy and Loss Reserves .....	_____
<b>MORTGAGE GUARANTY INSURER (ONLY)</b>		
_____	G. IF APPLICABLE: Actuarial Opinion Affidavit of Exemption <u>and</u> copy of the Arizona Insurance Department's Approval letter .....	_____
_____	H. Form E-MG.MPP Mortgage Guaranty Insurers Report of Policyholders Position .....	_____
_____	I. Supplementary Schedule F-5 Unauthorized Reinsurance <u>MARKED "CONFIDENTIAL"</u> (See instruction Form E-MG.CEDE).....	_____
<b>PROPERTY / CASUALTY INSURER</b>		
_____	G. IF APPLICABLE: Actuarial Opinion Affidavit of Exemption <u>and</u> copy of the Arizona Insurance Department's Approval letter .....	_____
_____	H. Property/Casualty Risk Based Capital Report (Hard Copy Only) <b>OR</b> .....	_____
_____	1. Copy of Department's approval of exemption.....	_____
_____	I. Form E-PC.350 Producer Controlled Property and Casualty Insurance .....	_____
_____	J. Form E-PC.INDINS Report of Policies issued To Industrial Insureds, if applicable .....	<input type="text"/>
<b>TITLE INSURER</b>		
_____	G. If applicable, <b>Actuarial Opinion</b> Affidavit of Exemption <b>AND</b> copy of the Arizona Insurance Department's Approval letter .....	_____

**PREPARED BY: (must complete)**

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Collect/Toll Free Phone Number

\_\_\_\_\_  
E-MAIL address